

MOTION TO DISMISS; DECLARATION; NOTICE OF MOTION; CERTIFICATE OF SERVICE

IN THE DISTRICT COURT OF THE FIRST CIRCUIT _____ DIVISION STATE OF HAWAI'I	
Plaintiff(s)	Reserved for Court Use
	Civil No.
	Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Defendant(s)	
	Court Date:
MOTION TO DISMISS	
Filing Party(ies) requests that this Motion be set for hearing on a date and time certain. This Motion is based on the District Court Rules of Civil Procedure, Rule _____, and the Declaration below.	
DECLARATION	
I have read this Motion, know the contents and verify that the statements are true to my personal knowledge and belief. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAI'I THAT THE FOLLOWING IS TRUE AND CORRECT:	
1. I am the <input type="checkbox"/> Movant or <input type="checkbox"/> associated with Movant as _____;	
2. The following are facts why the Motion should be granted (attach continuation page, if necessary):	
Date:	Signature of Declarant: Print/Type Name:

NOTICE OF MOTION

TO: _____:
Please take notice that this Motion will be heard by the District Judge of this Court, in his/her Courtroom, at the address checked below on _____, _____, 200____ at _____ M., or as soon thereafter as parties may be heard.

COURT ADDRESSES

- | | |
|--|---|
| <input type="checkbox"/> Honolulu Division | 1111 Alakea Street, 10th Floor, Honolulu, Hawai'i 96813 |
| <input type="checkbox"/> 'Ewa Division | 870 Fourth Street, Pearl City, Hawai'i |
| <input type="checkbox"/> Ko'olaupoko OR Ko'olaupoko Division | 46-201 Kahuhipa Street, Kane'ohe, Hawai'i |
| <input type="checkbox"/> Wahiawā OR Waialua Division | 1034 Kilani Avenue, Wahiawā, Hawai'i |
| <input type="checkbox"/> Wai'anae Division | 87-1784 Farrington Highway, Nānākuli, Hawai'i |

Mailing address for the above Courts: **1111 Alakea Street, Civil Division, Third Floor, Honolulu, Hawai'i 96813**

CERTIFICATE OF SERVICE

I certify that a copy of this Motion was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

RESPONSE TO MOTION/CERTIFICATE OF SERVICE

- ☐ I DO NOT OBJECT to this Motion.
- ☐ I DISAGREE with this Motion for the following reasons:
(Attach continuation page, if necessary).

Reserved for Court Use

I have read this Response, know the contents and verify that the statements are true to my personal knowledge and belief. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF HAWAII THAT THE ABOVE IS TRUE AND CORRECT.**

CERTIFICATE OF SERVICE

I certify that a copy of this Response was served at the last known address(es) of the Opposing Party(ies) or Opposing Party(ies)' attorney on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid, at the following address(es):

Date:

Signature of Responding Party(ies)/Responding Party(ies)' Attorney:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.